

CHAPTER 5

SURVEY DOCUMENTS AND FORMS

To ensure efficient and effective implementation of field operations, the BLES has standardized the documents and forms for its establishment surveys. These are as follows:

1. Contract of Services
2. Notice of Termination of Contract of Services
3. Letter of Introduction to Sample Establishment
4. Letter to Sample Establishment with Mailed Questionnaire
5. Letter to Head Office of Sample Establishment
6. Follow-up Letter to Sample Establishment or its Head Office (including refusal)
7. FM-BLES 03-3.23 Evaluation of Training for BLES Survey/s
8. FM-BLES 02-2.1a Supervisor's Control List
9. FM-BLES 02-2.2a Enumerator's Control List
10. FM-BLES 03-3.8 Certificate of Appearance
11. FM-BLES 03-3.10 Enumerator's Weekly Performance Report
12. FM-BLES 03-3.11 Enumerators' Summary Performance Report
13. FM-BLES 03-3.12 General Payroll for Piece-Rate Enumerators
14. FM-BLES 03-3.13 Transmittal of Retrieved/Verified Questionnaires in ONCR
15. FM-BLES 03-3.14 Transmittal of Spoilage Questionnaires in ONCR
16. FM-BLES 03-3.15 Questionnaires for Endorsement to Head Offices
17. FM-BLES 03-3.17 Assessment on the Implementation of Field Operations of BLES Surveys
18. FM-BLES 03-3.9 Sample Respondents with New Names and Addresses
19. OWS Form 1 OWS Verification Form
20. BITS Form 1 BITS Verification Form
21. FM-BLES 03-3.16 Regional Report on the Implementation of BLES Surveys
22. FM-BLES 03-3.24 Enumerator's Evaluation Survey on the Delivery of Questionnaire
23. FM-BLES 03-3.25 Enumerator's Evaluation Survey on the Retrieval of Questionnaire

Copies of these documents/forms are found in this chapter of the manual. The Regional Offices will be provided electronic copies of these or they can access these at the BLES Homepage (www.bles.dole.gov.ph).

Contract of Services

KNOW ALL MEN BY THESE PRESENTS:

This contract of service entered into and executed this _____ of _____ 2008 at _____, Philippines by and between:

The _____, an instrumentality of the government of the Republic of the Philippines, represented by _____, hereinafter referred to as the **FIRST PARTY**;

-and-

<Name>, Filipino, of legal age, (marital status), with residence and postal address at <Address>, hereinafter referred to as the **SECOND PARTY**.

WITNESSETH:

That pursuant to the provisions of CSC Memorandum Circular No. 38 (Omnibus Guidelines on Appointments) and the DOLE Administrative Order No. 113 and 113-A, series of 2003, authorizing the contracting of services in the DOLE where manpower is inadequate, to be able to effectively and efficiently deliver services, the following terms and conditions are hereby set:

1. That the **SECOND PARTY** is fully competent to render services as a Project-based Individual - (Area Supervisor or Enumerator) in connection with the conduct of the **2008 Occupational Wages Survey (OWS) and the 2007/2008 BLES Integrated Survey (BITS)** in accordance with the professional qualifications he/she alleged in the attached information sheet.
2. That the **SECOND PARTY** hereby attests that he/she is not related within the third degree of consanguinity or affinity to the: a) hiring authority and /or representative of the **FIRST PARTY**; b) that he/she has not been previously dismissed from government by reason of an administrative offense; c) that he/she has not already reached the compulsory retirement age of sixty-five (65).
3. That the **SECOND PARTY** shall perform work at a time and schedule to be agreed upon by both parties.
4. That the **SECOND PARTY** is specifically contracted by the **FIRST PARTY** to: (enumerate duties and responsibilities of Area Supervisor or Enumerator)
5. That the **FIRST PARTY** for and in consideration of the services rendered agrees to pay the **SECOND PARTY**, on a bi-monthly basis

For Area Supervisor--the amount of _____ and the reimbursement of traveling expenses related to the conduct of the OWS and BITS but not to exceed the amount of _____.

For Enumerator:

- a. the amount of _____ per establishment delivery. An establishment for which no delivery was made due to closure, non-location, duplication, strike, refusal and similar reasons shall also be remunerated the same amount subject to the verification of the establishment status by the Supervisor; and

- b. the amount of _____ for each collected/retrieved OWS or BITS questionnaire, subject to the acceptance of the questionnaire/verification by the Supervisor/Reviewer.
- 6. That provisions for mandatory benefits provided by the Labor Code namely SSS, EC, Phil Health and Pag-IBIG representing the employer share shall form part of the contract price.
- 7. That the **SECOND PARTY** shall not enjoy the benefits of government employees and that his/her services rendered thereunder are not considered as government service.
- 8. That this contract takes effect from _____.
- 9. That notwithstanding the fixed duration of the employment, this contract of services can be terminated anytime by the **FIRST PARTY** for just cause such as but not limited to the unsatisfactory performance of the **SECOND PARTY** and only after due notice to the **SECOND PARTY** at least five (5) days prior to his/her termination.
- 10. That the herein parties do hereby agree and accept that there will be no employee-employer relationship between them during the tenure of this contract of service.

IN WITNESS WHEREOF, the parties have hereunto affixed their signatures this ____ day of _____ at _____, Philippines.

FIRST PARTY

SECOND PARTY

SIGNED IN THE PRESENCE OF:

WITNESS

WITNESS

CERTIFIED FUNDS AVAILABLE:

APPROVED BY:

NOTICE OF TERMINATION OF CONTRACT OF SERVICES
Issued to **Mr./Ms.** _____

Based on the evaluation of your performance (see attached) on the conduct of the **2008 Occupational Wages Survey (OWS)** and the **2007/2008 BLES Integrated Survey (BITS)**, your output has been noted to be below the requirements of:

Delivery: on the average, 5 establishments per day

Retrieval: on the average, 1 - 2 questionnaires collected per day

Others:

Falsified all or some data in the questionnaire

Forged signature of contact person

Failed to report to Supervisor within two (2) consecutive weeks from last appearance or communication

Your services as PBI-Enumerator is therefore terminated effective _____ in accordance with the following provision/s of your contract:

“9. That notwithstanding the fixed duration of the employment, this contract of services can be terminated anytime by the **FIRST PARTY** for just cause such as but not limited to the unsatisfactory performance of the **SECOND PARTY** and only after due notice to the **SECOND PARTY** at least five (5) days prior to his/her termination.”

Relative to this, you are instructed to turnover your identification card, letter of introduction to sample establishment, survey materials and pending assignments to your Supervisor/s before you can be officially cleared by this office of all obligations and be paid whatever monetary entitlements still due you.

Director

(Date)

LETTER OF INTRODUCTION TO SAMPLE ESTABLISHMENT

Dear Valued Respondent,

The Bureau of Labor and Employment Statistics (*Note: add this phrase if ONCR PBI: through the DOLE Regional Office No. ____*) is currently conducting joint survey operations for the **2008 Occupational Wages Survey (OWS)** and the **2007/2008 BLES Integrated Survey (BITS)**. This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

The OWS is a nationwide inquiry that centers on employment and wage rates (hiring/entry and actual rates) of time-rate workers on full time basis in selected occupations in selected non-agricultural industries. These data are most useful in wage and salary administration and wage determination in collective bargaining negotiations.

On the other hand, the BITS is a nationwide establishment survey that aims to generate **an integrated data set on employment of specific groups of workers, occupational shortages and surpluses, safety and health practices, occupational injuries and diseases and labor cost of employees**. These data are inputs to studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations.

In this regard, we request your active participation in **both** of our survey/s. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

We have sent Mr./Ms. _____ of this office to help you in accomplishing the survey form/s.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____

Address:

Contact Person

Tel. No.

Fax No.

E-mail address

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,

Director

(Date)

LETTER TO SAMPLE ESTABLISHMENT WITH MAILED QUESTIONNAIRE

The Owner/Manager
Name of Sample Establishment
Address of Sample Establishment

Dear Valued Respondent,

The Bureau of Labor and Employment Statistics (*Note: add this phrase if ONCR PBI: through the DOLE Regional Office No. ____*) is currently conducting joint survey operations for the **2008 Occupational Wages Survey (OWS)** and the **2007/2008 BLES Integrated Survey (BITS)**. This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

The OWS is a nationwide inquiry that centers on employment and wage rates (hiring/entry and actual rates) of time-rate workers on full time basis in selected occupations in selected non-agricultural industries. These data are most useful in wage and salary administration and wage determination in collective bargaining negotiations.

On the other hand, the BITS is a nationwide establishment survey that aims to generate an **integrated data set on employment of specific groups of workers, occupational shortages and surpluses, safety and health practices, occupational injuries and diseases and labor cost of employees**. These data are inputs to studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations.

In this regard, we request your active participation in **both** of our survey/s. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____
Address:
Contact Person
Tel. No.
Fax No.
E-mail address

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,

Director

(Date)
encl/as:
2008 OWS EIN _____
2007/2008 BITS EIN _____

LETTER TO HEAD OFFICE OF SAMPLE ESTABLISHMENT

Name of Contact Person in the Establishment
Position
Name of Head Office
Address of Head Office

Dear

The Bureau of Labor and Employment Statistics (*Note: add this phrase if ONCR PBI: through the DOLE Regional Office No. ____*) is currently conducting joint survey operations for the **2008 Occupational Wages Survey** (OWS) and the **2007/2008 BLES Integrated Survey** (BITS). This is to rationalize data collection activities for the purpose of providing our users with **an integrated data set on key labor and employment indicators**. To some extent, the survey results will also be used to assess the progress of decent work in the country.

The OWS is a nationwide inquiry that centers on employment and wage rates (hiring/entry and actual rates) of time-rate workers on full time basis in selected occupations in selected non-agricultural industries. These data are most useful in wage and salary administration and wage determination in collective bargaining negotiations.

On the other hand, the BITS is a nationwide establishment survey that aims to generate an **an integrated data set on employment of specific groups of workers, occupational shortages and surpluses, safety and health practices, occupational injuries and diseases and labor cost of employees**. These data are inputs to studies on industry trends and practices and serve as bases for the formulation of policies on employment, conditions of work and industrial relations.

Your office/branch in _____ was chosen as one of our sample respondents for this survey round. Hence, we request for your active participation in our survey/s. We realize that this takes up valuable time as this inquires on data specific to one or in some instances, more of your offices/branches. However, providing us with consolidated data for all your offices will lead to over-representation of sample data and thus result to unreliable data estimates as not all of your offices or branches have been sampled to take part in this survey.

In this regard, we request your active participation in **both** of our survey/s. Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____
Address:
Contact Person
Tel. No.
Fax No.
E-mail address

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,
Director

(Date)
encl/as
2008 OWS EIN _____
2007/2008 BITS EIN _____

FOLLOW-UP LETTER TO SAMPLE ESTABLISHMENT OR ITS HEAD OFFICE (INCLUDING REFUSAL)

Name of Contact Person in the Establishment
Position
Name of Sample Establishment or Head Office
Address of Sample Establishment or Head Office

Dear

Our office, the (Bureau of Labor and Employment Statistics or DOLE Regional Office No. ____)
reiterates our request for your establishment to accomplish our questionnaire/s for the:

- 2008 Occupational Wages Survey
- 2007/2008 BLES Integrated Survey

We realize that accomplishing our survey questionnaire/s takes up your valuable time for they could be tedious and requires looking into past records. Nevertheless, your response is most important to enable us to come up with reliable information that can be used by our government in assessing the current labor situation in the country.

On your end, as well, labor statistics are necessary for making sound and informed decisions in your business planning and operations. Our survey results are provided **free of charge** and can be accessed in our website at <http://www.bles.dole.gov.ph>.

Rest assured that any information you provide us remains **confidential** and will be used for statistical purposes only and not for taxation, regulation or investigation purposes. All information from your establishment will be processed with those of the other respondents and will be disseminated only in summaries or statistical tables.

Should you need further assistance in accomplishing the survey form, please do not hesitate to contact us through:

Office: BLES or DOLE Regional Office No. ____
Address:
Contact Person
Tel. No.
Fax No.
E-mail address

Thank you and we look forward to your cooperation in this statistical undertaking.

Very truly yours,

Director

(Date)
encl/as
2008 OWS EIN _____
2007/2008 BITS EIN _____

Enumerator: _____

Supervisor: _____

Area/s of Assignment: _____

Date Accomplished: _____

Note: Enumerators' Training is being evaluated for possible improvement to make it relevant and effective for enumerators. In this regard, your honest assessment would be most valuable in further improving this training.

1. Kindly evaluate the resource person and the session on the following areas: (Encircle answer)

<i>Topic/Resource Person</i>	In a scale where 1 - is unsatisfactory and 5 - is excellent, how would you rate the resource person in terms of:				<i>Duration of session</i>
	Time management	<i>Arousing the interest of participants</i>	<i>Mastery of the subject</i>	<i>Method and skill in imparting knowledge</i>	Was the session: 1 – short; 2 – adequate; 3 – long?
<i>Survey 1 - 2008 OWS</i>					1 2 3
<i>Resource Person:</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Survey 2 - 2007/2008 BITS</i>					1 2 3
<i>Resource Person:</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Survey 3 (Title of Survey)</i>					1 2 3
<i>Resource Person:</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Operational Strategy</i>					1 2 3
<i>Resource Person:</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Administrative Concerns</i>					1 2 3
<i>Resource Person:</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	
<i>Survey Documents and Forms</i>					1 2 3
<i>Resource Person:</i>	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	

2. What item/s do you think should have been more thoroughly discussed? (Check as many as applicable)

A. On Survey 1 - 2008 OWS

- Survey Objectives and Uses of the Data
- Collection Authority
- Confidentiality of Information
- Scope and Coverage
- Survey Design
- Estimation Procedures
- Statistics to be Generated
- Periodicity and Reference Period
- Editing Guidelines
- General Instructions
- Specific Instructions (specify)

Others (specify)

B. On Survey 2 - 2007/2008 BITS

- Survey Objectives and Uses of the Data
- Collection Authority
- Confidentiality of Information
- Scope and Coverage
- Survey Design
- Estimation Procedures
- Statistics to be Generated
- Periodicity and Reference Period
- Editing Guidelines
- General Instructions
- Specific Instructions (specify)

Others (specify)

C. On Survey 3 (Title of Survey)

- Survey Objectives and Uses of the Data
- Collection Authority
- Confidentiality of Information
- Scope and Coverage
- Survey Design
- Estimation Procedures
- Statistics to be Generated
- Periodicity and Reference Period
- Editing Guidelines
- General Instructions
- Specific Instructions (specify)

Others (specify)

D. On Operational Strategy

Duties and Responsibilities of Enumerators

Survey Respondents

General Information (e.g., EIN, PSIC, PSOC, ATE, Status Codes)

Delivery of Questionnaires

Collection and Field Editing of Questionnaires

Field Verification

Flow Chart on Delivery, Retrieval, Verification and Review of Questionnaires

Flow Chart on Delivery Cases to Sample Establishments Transferred to Known Locations

Flow Chart on Delivery Cases to Head Offices of Sample Establishments

Others (*specify*)

E. On Administrative Concerns

Work Allocation

Monitoring of Performance of Enumerators and Survey Status

Outputs and Terms of Payment

Pre-Termination of PBI Contract

F. On Survey Documents and Forms (*Please specify*)

3. Comments and Suggestions:

Reviewed by Supervisor:	
Signature:	Position:
Name:	Date:

THANK YOU VERY MUCH!!!

FM-BLES 02-2.2a
 Revision Code: 0
 Effectivity Date: March 26, 2001

ENUMERATOR'S CONTROL LIST: (SURVEY ROUND)
REGION: _____

Page __ of __

Name of Enumerator: _____
 Area/s of Assignment: _____

Total Establishments: _____
 Total Questionnaires (Workload): _____

EIN GEO PSIC ATE	Name/Address of Sample Establishment	Survey Code	Contact Person/ Position	Tel. No.	Date Delivered	Date Retrieved		Status Code	Remarks
						Expected	Actual		

The control lists are integrated for OWS and BITS. However, a separate control list for sample establishments care of (c/o) their head offices shall be generated by BLES.

The **Supervisor's Control List** (FM-BLES 02-2.1a) for ONCR contains the sample establishments to be covered and is sorted by province, city/municipality, and ascending EIN. For NCR, it is sorted by enumerator, city/municipality, barangay and ascending EIN. The Supervisor should provide the following information in his/her control list.

- **Name of Supervisor**
- **Area/s of Assignment:** province (as applicable), city/municipality of the sample establishments
- **Total Establishments:** number of sample establishments covered in the area/s of assignment (*In NCR, the initial number of establishments of the Supervisor and his/her Enumerators are the same since the Supervisor's Control List is prepared per Enumerator.*)
- **Received by:** signature of Enumerator upon receipt of workload
- **Date:** date when Enumerator received workload

Prior to delivery of questionnaires:

- **For NCR:** The Enumerator shall be provided with **Enumerator's Control List** (FM-BLES 02-2.2a) of sample establishments.
- **For outside NCR:** The Enumerator should prepare his/her own control list following the format of the **Enumerator's Control List** (FM-BLES 02-2.2a). The Supervisor should write the names of the Enumerators in the appropriate columns of his/her control list.

Upon delivery of the questionnaire/s to the establishment, the Enumerator should accomplish the appropriate columns for the following items to facilitate follow-ups and callbacks.

- **CONTACT PERSON/ POSITION**
- **TEL. NO.**
- **DATE DELIVERED**
- **DATE RETRIEVED (Expected):** mutually agreed date of pick-up of the accomplished questionnaire/s, preferably within **15 working days from delivery**.

Upon retrieval of the questionnaire, the Enumerator should accomplish the following for each establishment.

- **DATE RETRIEVED (Actual):** date when the questionnaire was actually picked up by the enumerator from the establishment. In the case of a questionnaire whose status is REF, STR, TCL, CBL, PCL, DUP, OSP or OTH, the **date to be written is the date when the status was confirmed/verified as such by the Supervisor/Designated personnel**.
- **STATUS CODE:** see section 3.5.6 of Chapter 3.
- **REMARKS:** any relevant statement to facilitate the monitoring of the survey/s

<p>Note: The Supervisor and his/her enumerators should confer <u>weekly</u> to see to it that the information pertinent to each establishment in their respective control lists are consistent.</p>
--

FM-BLES 03-3.8

Revision Code: 1

Effectivity Date: July 1, 2002

CERTIFICATE OF APPEARANCE

CERTIFICATE OF APPEARANCE

This is to certify that Mr./Ms. _____, of the Bureau of Labor and Employment Statistics appeared in this office to (pls. underline) deliver/follow-up/collect/verify the questionnaire/s for:

2008 OWS

2007/2008 BITS

EIN/UIN: _____

Name of Establishment/Labor Organization: _____

Address: (as located by enumerator)

Floor/Bldg./# Street Name: _____

Barangay/City/Municipality: _____

Zip Code/Province: _____

Contact Person/s:

In Sample Respondent

In Head Office

Signature: _____

Name : _____

Position: _____

Tel. No.: _____

Date: _____

Remarks: C/O Head Office New location Others, specify _____

**QUESTIONNAIRES FOR
 ENDORSEMENT TO HEAD
 OFFICES**

Regional Supervisor:

Head Offices in NCR: Accomplish in duplicate for each survey. Retain duplicate for file. Transmit the original copy to BLES together with the corresponding questionnaires, sorted by province and by EIN. Exercise **care** in writing EIN.

Head Offices in ONCR That Have Not Responded to the Survey: Accomplish in duplicate for each survey. Retain duplicate for file. Forward to BLES **within 20 days after termination of field operations**. Exercise **care** in writing EIN.

NCR Supervisor: List respondents and forward accomplished form to the designated personnel for computerized status monitoring **within 10 days from the end of the period of delivery**. Exercise **care** in writing EIN.

(For ONCR only.) The attached ___ questionnaires are for (encircle only one):

2008 OWS

2007/2008 BITS

EIN	Name/Address of Sample Establishment	Name/Address of Head Office and Contact Person/Position/Tel. No.	GEOCODE <i>(For BLES use only)</i>

DOLE Regional Office

Prepared by:

Noted by:

Signature:

Signature:

Name:

Name:

Position:

Position: IMSD Chief

Date:

Date:

Prepared by BLES

Signature:

Position:

Name:

Date:

FM-BLES 03-3.17

Revision Code: 3

Effectivity Date: April 7, 2006

ASSESSMENT ON THE IMPLEMENTATION OF FIELD OPERATIONS OF BLES SURVEY/S

Page ___ of ___

Notes:

1. Bases for NCR Assessment: Points earned relative to performance rate, verification rate, refusal rate and bonus points (10 % of maximum points) for additional workload for each survey.

<i>Performance Rate</i>		Verification Rate	Refusal Rate	Formulas Used (for purposes of performance assessment)	
<u>Points</u>		<u>Points</u>		<u>Points</u>	
25	90% and over	15	0 percent	10	2% or less
22	85 - 89	12	> 0 - 1	8	> 2 - 6
19	80 - 84	9	> 1 - 2	6	> 6 - 10
16	75 - 79	6	> 2 - 3	4	> 10 - 14
13	70 - 74	3	> 3 - 4	2	> 14 - 18
10	65 - 69	0	> 4	0	> 18
7	60 - 64				
4	55 - 59				
1	Below 55				

% Accounted	= (Total Accounted / Sample Questionnaires) * 100
Performance Rate	= {Retrieved / [Sample - (Refused + Spoilage)]} * 100
	where Spoilage = Cannot be located, permanently/ temporarily closed, on strike, duplicate, outside industry or employment coverage, inactive (labor organizations), others not eligible for processing
Verification Rate	= [For Verification / (Sample - Spoilage)] * 100
Refusal Rate	= [Refused / (Sample - Spoilage)] * 100

2. For Regional Assessment:

- a. Regions are grouped in accordance to number of establishments/labor organizations covered by the survey/s.
- b. Bases for assessment: Same as above.
- c. Ranking in the group is based on total points earned by each region in all surveys. A maximum of 50 points is given per survey.

3. For NCR assessment, 1st column of the form should be Supervisor/Enumerator.

For Regional assessment, 1st column of the form should be Region/Survey.

4. Points earned and ranking shall be reflected at the end of field operations.

OVS FORM 1 (VERIFICATION FORM)

To Our Valued Respondents: Thank you for accomplishing the 2006 OVS questionnaire. We, however, have some queries regarding the encircled entry/s in the attached questionnaire which need verification/clarification from you. To guide you, we are providing you this form which contains our observation/s for each of the encircled item/s. Should there be a need to revise said entry/s, kindly do so and affix your initial beside the new entry/s in the questionnaire.

EIN: _____	NAME OF ESTABLISHMENT: _____
GEO: _____	FLOOR/BLDG.: _____
PSIC: _____	No./STREET/SUBDIVISION: _____
ATE: _____	BARANGAY/CITY/MUNICIPALITY: _____
	ZIP
	CODE/PROVINCE: _____

Part A: General Information

1. MAIN ECONOMIC ACTIVITY/MAJOR PRODUCTS/ GOODS OR SERVICES

No/inadequate description of main economic activity No entry for major products/ goods or services

2. EMPLOYMENT No entry

Part B: Employment and Wage Rates of Time-Rate Workers On Full-time Basis

1. BASIC PAY No entries Repetitive entries
 Details do not add up to respective sub-totals in: Col. 2 Col. 4 Col. 6
 Sub-totals do not add up to Total (*sum of cols. 2, 4 and 6*)
 Total (*sum of cols. 2, 4 and 6*) is greater than total employment in Part A.2

2. ALLOWANCES No entries Repetitive entries
 Details do not add up to respective sub-totals in: Col. 8 Col. 10 Col. 12
 Sub-totals do not add up to Total (*sum of cols. 8, 10 and 12*)
 Total (*sum of cols. 8, 10 and 12*) is greater than Total reported in Part B.1

Part C: Employment and Wage Rates of Time-rate Workers on Full-time Basis in Selected Occupations

1. FOR ESTABLISHMENTS IN PRE-SELECTED INDUSTRIES No data provided (*occupational sheet given is appropriate*)
 Change in industry classification discovered during review (*provide appropriate occupational sheet*)

2. OCCUPATION No occupation titles
 Occupations reported not consistent with those in occupational sheet
 Consolidated data provided/not classified by occupation

3. CURRENT WAGE RATES No entry/s in Col./s _____
 Time unit and monetary value are not consistent
 Cols. 1 and 2 (Basic Pay)
 Cols. 4 and 5 (Allowances)
 Details in col. 3 do not add up to its reported total
 Details in col. 6 do not add up to its reported total

4. TIME-RATE WORKERS ON FULL-TIME BASIS (MALE + FEMALE = BOTH SEXES)

No entries No breakdown by sex Breakdown by sex does not add up to total

Received by Supervisor	Verification Accepted by Reviewer
Signature: _____	Signature: _____
Date: _____	Date: _____

To facilitate accomplishment of the verification form and to standardize the observations or verification details, the possible verification cases (menu) for each section of the form are shown below.

BITS FORM 1 (VERIFICATION FORM FOR PART I: GENERAL INFORMATION)

<p>To Our Valued Respondent. Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.</p>	
<p>EIN: _____</p> <p>GEO: _____</p> <p>PSIC: _____</p> <p>ATE: _____</p>	<p>NAME _____ OF</p> <p>ESTABLISHMENT: _____</p> <p>FLOOR/BLDG.: _____</p> <p>No./STREET/SUBDIVISION: _____</p> <p>BARANGAY/CITY/MUNICIPALITY: _____</p> <p>ZIP CODE/PROVINCE: _____</p>
Item No.	Verification Details
1. What is the main economic activity of your establishment?	<input type="checkbox"/> No entry <input type="checkbox"/> Economic Activity not completely described <input type="checkbox"/> Major products/goods or services not specified
2. Ownership	<input type="checkbox"/> No check mark <input type="checkbox"/> Please check only one box
3. With union	<input type="checkbox"/> No check mark <input type="checkbox"/> Please check only one box
3.1. If yes, please specify scope of bargaining unit.	<input type="checkbox"/> No check mark/s
4. Number of unions	<input type="checkbox"/> No entry <input type="checkbox"/> For clarification
5. Union membership	<input type="checkbox"/> No entry <input type="checkbox"/> Membership exceed number of supervisors/foremen reported in Part II item 1.3.2 <input type="checkbox"/> Membership exceed number of regular workers reported in Part II item 1.3.3.1 <input type="checkbox"/> Membership exceed the sum of supervisor/foremen and regular workers reported in Part II items 1.3.2 and 1.3.3.1
5.1. Female members	<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceed union membership reported in item 5 <input type="checkbox"/> Entry exceed female workers reported in Part II item 2.2
5.2. Union officers	<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceed/equal to union membership reported in item 5 <input type="checkbox"/> Entry exceed number of unions reported in item 4
5.2.1. Female officers	<input type="checkbox"/> No entry <input type="checkbox"/> With entry but no female union members reported in item 5.1 <input type="checkbox"/> Entry exceed number of union officers reported in item 5.2
5.2.1.1. Female presidents	<input type="checkbox"/> No entry <input type="checkbox"/> Entry exceed number of unions reported in item 4 <input type="checkbox"/> With entry but no female officers reported in item 5.2.1
6. With collective bargaining agreements	<input type="checkbox"/> No check mark <input type="checkbox"/> Please check only one box
7. Workers covered by CBAs	<input type="checkbox"/> No entry <input type="checkbox"/> Workers covered less than union membership reported in item 5 <input type="checkbox"/> Workers covered exceed number of supervisors/foremen reported in Part II item 1.3.2 <input type="checkbox"/> Workers covered exceed number of regular workers employees reported in Part II item 1.3.3.1 <input type="checkbox"/> Workers covered exceed the sum of supervisor/foremen and regular workers reported in Part II items 1.3.2 and 1.3.3.1
7.1 Female workers covered	<input type="checkbox"/> No entry <input type="checkbox"/> Entry less than female members reported in item 5.1 <input type="checkbox"/> With entry but no female workers reported in Part II item 2.2
8. Is your establishment part of a global production network (GPN)?	<input type="checkbox"/> No check mark <input type="checkbox"/> Partner country/ies not specified. <input type="checkbox"/> Please check only one box
9. Please indicate your market	<input type="checkbox"/> No check mark <input type="checkbox"/> Market not specified
<p>Received by Supervisor: _____ Verification Accepted by Reviewer: _____</p>	
Signature:	Signature:
Date:	Date:

BITS FORM 1 (VERIFICATION FORM FOR PART II: EMPLOYMENT)

To Our Valued Respondent: Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

EIN: _____	NAME OF ESTABLISHMENT: _____
GEO: _____	FLOOR/BLDG.: _____
PSIC: _____	NO./STREET/SUBDIVISION: _____
ATE: _____	BARANGAY/CITY/MUNICIPALITY: _____
	ZIP CODE/PROVINCE: _____

Item No.	Verification Details
1. Total employment	<input type="checkbox"/> Entry is not the sum of entries in items 1.1, 1.2 and 1.3.
1.1. Working owners (without regular pay)	<input type="checkbox"/> Entry is higher than entry in item 1.3.
1.2. Unpaid workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.
1.3. Employees	<input type="checkbox"/> Entry is not the sum of entries in items 1.3.1, 1.3.2 and 1.3.3.
1.3.1. Managers/Executives	<input type="checkbox"/> Entry is higher than entry in item 1.3.
1.3.2. Supervisors/Foremen	<input type="checkbox"/> Entry is higher than entry in item 1.3.
1.3.3. Rank and file	<input type="checkbox"/> Entry is higher than entry in item 1.3. <input type="checkbox"/> Entry is not the sum of entries in items 1.3.3.1 and 1.3.3.2.
1.3.3.1. Regular workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.3.
1.3.3.2. Non-regular workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.3. <input type="checkbox"/> Different entry from entry in item 2.8.
2.1. Young workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.
2.2. Female workers	<input type="checkbox"/> Entry is higher than entry in item 1.3.
2.3. Workers paid the minimum wage	<input type="checkbox"/> Entry is higher than entry in item 1.3.3.
2.4. Persons with disabilities	<input type="checkbox"/> Entry is equal to/higher than entry in item 1.3.
2.5. Time-rate workers	<input type="checkbox"/> Entry is not the sum of entries in items 2.5.1 and 2.5.2.
2.5.1. Full-time workers	<input type="checkbox"/> Entry is not the sum of entries in items 2.5.1.1, 2.5.1.2 and 2.5.1.3.
2.5.1.1. Hourly	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.5.1.
2.5.1.2. Daily	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.5.1.
2.5.1.3. Monthly	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.5.1.
2.5.2. Part-time workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.5.
2.6. Commission workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 1.3.3.
2.7. Expatriate workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 1.3.3.
2.8. Non-regular workers	<input type="checkbox"/> Entry is not the sum of entries in items 2.8.1, 2.8.2, 2.8.3, 2.8.4 and 2.8.5 <input type="checkbox"/> Different entry from entry in item 1.3.3.2. <input type="checkbox"/> Entry is equal to/higher than entry in item 1.3.3.
2.8.1. Probationary workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.8.2. Casual workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.8.3. Contractual/project- based workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.8.4. Seasonal workers	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.8.5. Apprentices/learners	<input type="checkbox"/> Entry is equal to/higher than entry in item 2.8.
2.9. Agency-hired workers	<input type="checkbox"/> Details do not add up to total. <input type="checkbox"/> Number of workers reported in "Others" but jobs contracted out not specified. <input type="checkbox"/> Number of workers reported in items 2.9.4 to 2.9.10 but no check marks for corresponding jobs contracted out in item 3.
3. Engaged in outsourcing or sub-contracting?	<input type="checkbox"/> No check mark in any of the boxes. <input type="checkbox"/> "Yes" is checked but no check mark/s in types of process outsourced/jobs contracted out. <input type="checkbox"/> Type of process outsourced/jobs contracted out is checked but no corresponding check mark/s in any of the three columns in item 3.1. <input type="checkbox"/> Production/assembly is checked but the activity/process is not specified. <input type="checkbox"/> "Others" is checked but process outsourced/jobs contracted out not specified.

Received by Supervisor:	Verification Accepted by Reviewer:
Signature: _____	Signature: _____
Date: _____	Date: _____

BITS FORM 1 (VERIFICATION FORM FOR PART III: OCCUPATIONAL SHORTAGES AND SURPLUSES)

To Our Valued Respondent: Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

EIN: _____	NAME OF ESTABLISHMENT: _____
GEO: _____	FLOOR/BLDG.: _____
PSIC: _____	No./STREET/SUBDIVISION: _____
ATE: _____	BARANGAY/CITY/MUNICIPALITY: _____
	ZIP CODE/PROVINCE: _____

Item No.	Verification Details
1. Were there job vacancies (vacant positions) in your establishment from January 2007 to June 2008?	<input type="checkbox"/> No check mark in appropriate box. <input type="checkbox"/> "Yes" is checked but the total number of vacant positions is not specified.
1.1. Of the total number of vacant positions, how many were hard to fill?	<input type="checkbox"/> Entry exceeds entry in Item 1. <input type="checkbox"/> The total number of job/occupations listed in column (2) is not equal to the entry in item 1.1. <input type="checkbox"/> _____ (title of job/occupation) as reported in column (2) does not have its corresponding entry in column/s _____ (identify column no.). <input type="checkbox"/> Column (7) has multiple responses. Code for "main reason" is not reflected. <input type="checkbox"/> Code (8) "Others" as listed in column (7) is not specified.
1.2. Requirements for filling up hard to fill vacant positions	<input type="checkbox"/> Jobs/occupations reported not consistent with those reported in column (2) of Item 1.1. <input type="checkbox"/> _____ (title of job/occupation) does not have its corresponding entry in column/s _____ (identify column no.)
1.3. Of the total number of vacant positions reported in Item 1, how many were easy to fill?	<input type="checkbox"/> Entry exceeds entry in Item 1. <input type="checkbox"/> Total number of job/occupation reported in column (2) is not equal to entry in item 1.3. <input type="checkbox"/> _____ (title of job/occupations) does not have its corresponding entry in column/s _____ (identify column no.)
2. When was the last time you had vacancy?	<input type="checkbox"/> The month and year when the company had its latest vacancy is not indicated.
3 How do you normally fill up your job vacancies?	<input type="checkbox"/> No check mark/s in appropriate box/es. <input type="checkbox"/> "Others" is checked but the method of filling up job vacancies is not specified.
4. Does your company have a particular school preference in recruiting new staff?	<input type="checkbox"/> No check mark in appropriate box. <input type="checkbox"/> "Yes" is checked but the school preference is not indicated.
5. How much is your estimated recruitment cost per job?	<input type="checkbox"/> No check mark in appropriate box. <input type="checkbox"/> No check mark in appropriate box to indicate recruitment cost thru Classified Ads/ Phil-Job Net (DOLE)/Internet (Job Boards), as checked in Item 2.
6. In general, how do you rate the job applicants in terms of the following traits?	<input type="checkbox"/> No corresponding check mark in any of columns (2), (3) or (4) for each appropriate trait in column (1).
7. How do you rate the quality of job applicants compared with the previous years?	<input type="checkbox"/> No check mark in appropriate box.

Received by Supervisor:	Verification Accepted by Reviewer:
Signature: _____	Signature: _____
Date: _____	Date: _____

BITS FORM 1 (VERIFICATION FORM FOR PART V: OCCUPATIONAL INJURIES AND DISEASES)

To Our Valued Respondent: Thank you for accomplishing the 2007/2008 BITS questionnaire. We, however, have some queries regarding some entries in the attached questionnaire. To guide you, we are providing you this form which contains our observation/s on your report. Should there be a need to revise your data, kindly line out the original entry, write close to it the new entry and affix your initial beside it.

EIN: _____	NAME OF ESTABLISHMENT: _____
GEO: _____	FLOOR/BLDG.: _____
PSIC: _____	NO./STREET/SUBDIVISION: _____
ATE: _____	BARANGAY/CITY/MUNICIPALITY: _____
	ZIP CODE/PROVINCE: _____

ITEM NO.	VERIFICATION DETAILS
1. Did your establishment experience any occupational accidents during the year?	<input type="checkbox"/> No check mark in any of the boxes
2. How many occupational accidents were there?	<input type="checkbox"/> "Yes" is checked in item 1 but no entry in this item <input type="checkbox"/> "Yes" is checked in item 1 but entry in this item exceeds the sum of injury cases in item 3 (cols. 2, 3, 5 and 7).
3. Occupational injuries by type of injury	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 <input type="checkbox"/> col. 6 <input type="checkbox"/> col. 7 With permanent incapacity cases but no corresponding workdays lost or vice versa for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 With temporary incapacity cases but no corresponding workdays lost or vice versa for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost for permanent incapacity cases less than corresponding number of cases for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost for temporary incapacity cases less than corresponding number of cases for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 Workdays lost per case of temporary incapacity exceeds 365 days for items: <input type="checkbox"/> 3.1 <input type="checkbox"/> 3.2 <input type="checkbox"/> 3.3 <input type="checkbox"/> 3.4 <input type="checkbox"/> 3.5 <input type="checkbox"/> 3.6 <input type="checkbox"/> 3.7 <input type="checkbox"/> 3.8 <input type="checkbox"/> 3.9 <i>Note: A permanent or temporary incapacity injury case generally covers at the least one workday lost excluding the day of the accident. Temporary absences from work of less than one day for medical treatment are not included in workdays lost.</i>
4. Occupational injuries by part of body injured	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 3: <input type="checkbox"/> col. 2 <input type="checkbox"/> col.3 <input type="checkbox"/> col. 4 vs. col. 5 of item 3 <input type="checkbox"/> col. 5 vs. col. 7 of item 3
5. Occupational injuries by cause of injury	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 4: <input type="checkbox"/> col. 2 <input type="checkbox"/> col.3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5
6. Occupational injuries by agent of injury	<input type="checkbox"/> "Yes" is checked in item 1 but no entries in this item Column details do not add up to respective totals: <input type="checkbox"/> col. 2 <input type="checkbox"/> col. 3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5 Totals different from corresponding totals in item 5: <input type="checkbox"/> col. 2 <input type="checkbox"/> col.3 <input type="checkbox"/> col. 4 <input type="checkbox"/> col. 5
7. Occupational diseases	<input type="checkbox"/> With entry in Item 7.13 on "Others" but occupational disease not specified <input type="checkbox"/> With multiple occupational diseases specified in item 7.13 on "Others" but lumped together into a single case entry
8. Did any of your workers experience commuting accidents in 2007?	<input type="checkbox"/> No check mark in any of the boxes
8.1. How many commuting accidents were there?	<input type="checkbox"/> "Yes" is checked in item 8 but no entry in this item
8.2. How many workers were injured?	<input type="checkbox"/> "Yes" is checked in item 8 but no entry in this item <input type="checkbox"/> Entry here is lower than entry in item 8.1
9. Hours actually worked	<input type="checkbox"/> No entry. Entry here is outside acceptable range: <input type="checkbox"/> less than 1,200 hours per person <input type="checkbox"/> less than 3,600 hours per person
Received by Supervisor:	Verification Accepted by Reviewer:
Signature:	Signature:
Date:	Date:

FOR (SEMESTER/YEAR) FIELD OPERATIONS
 DOLE Regional Office No.

A. Timetable of Field Operations

Activity	BLES Scheduled Dates	Actual Dates
Training of PBIs		
Delivery		
Collection		

B. Manpower Complement

Personnel	BLES Required Manpower	Manpower Utilized
Total		
Regional Staff		
Area Supervisors		
Enumerators		

C. Fund Utilization (P)

Object	Interfund Transfer/Current Appropriation	Actual Expenditures		
		Total	From Current Appropriation	From Balance of Previous Surveys
Total				
02				
03				
07				
29				
Training				
Wages				

D. Problems Encountered

1. Administrative Concerns
 - a. *Training of Enumerators/Area Supervisors*
 - b. *Manpower Complement including hiring of PBIs*
 - c. *Fund Utilization*
2. Field Operations
 - a. *Delivery of Questionnaires*
 - b. *Collection/Retrieval of Questionnaires*
On the average, how many callbacks were made to an establishment?_____

**FOR (SEMESTER/YEAR) FIELD OPERATIONS
DOLE Regional Office No.**

E. Measures Undertaken by the RO to Solicit Cooperation of Sample Establishments

F. Suggestions for Improvement of Survey Implementation

1. Training of Enumerators and Area Supervisors

2. Manpower Complement

3. Fund Utilization

4. Field Operations

Prepared by:	Noted by:
Signature:	Signature:
Name:	Name:
Position: IMSD Chief	Position: Regional Director
Date:	Date:

To All Enumerators,

The quality of BLES survey data greatly relies on the quality of field operations in which you have been a part of. The Statistics Support Group of BLES has prepared this questionnaire to gather feedback/comments from you that will help us assess the effectiveness of the conduct of Enumerators' Training and the supervision rendered by our technical staff during the delivery of questionnaires.

Please accomplish this form and return to your supervisor. Thank you very much.

Statistics Support Group

Note to all Supervisors: Please administer this form to your enumerators a month after start of delivery operations.

Enumerator: _____ **Supervisor:** _____

Area(s) of Assignment: _____ **Number of Workload:** _____

Number of Questionnaires Delivered *(A month after start of delivery operations)*: _____

Date Accomplished: _____

1. How many visits have you made before you completed the delivery of a questionnaire to an establishment?

(a) Minimum: _____

(b) Maximum: _____

2. Generally, how difficult/easy was it to locate the establishments?
(Encircle answer)

1 – Very Easy 2 – Easy 3 – Difficult 4 – Very Difficult

3. To what extent did the following factors contribute to the successful delivery of questionnaires? *(Check only one for each factor)*

Factors	Very Great Extent	Great Extent	Moderate Extent	Less Extent	No Help
Operational Strategy from the Enumerators' Training					
Assistance of Supervisor					
Assistance of Monthly PBI					
Use of Control List					
Use of Maps					
Use of Telephone Directory					
Familiarity with the Area					
Others, specify					

4. What were the common problems you encountered in the delivery of questionnaire? *(Check as many as applicable)*

- Incomplete/Incorrect Address Labels
- Too Many CBL, PCL and TCL Samples
- Improper Allocation of Workloads
- Uncooperative Establishment Personnel
- Ignorance of Establishment about the Survey
- Strict Security Personnel in the Establishment
- Others *(Please specify)*

5. Comments and Suggestions:

Reviewed by Supervisor:
Signature:
Name:
Position:
Date:

THANK YOU VERY MUCH!!!

To All Enumerators,

The quality of BLES survey data greatly relies on the quality of field operations in which you have been a part of. The Statistics Support Group of BLES has prepared this questionnaire to gather feedback/comments from you that will help us assess the effectiveness of the conduct of Enumerators' Training and the supervision rendered by our technical staff during the retrieval of questionnaires.

Please accomplish this form and return to your supervisor. Thank you very much.

Statistics Support Group

Note to all Supervisors: *Please administer this form to your enumerators three months after start of delivery operations.*

Enumerator: _____ **Supervisor:** _____

Area(s) of Assignment: _____ **Number of Workload:** _____

Number of Questionnaires Retrieved *(Three months after start of delivery operations):* _____

Date Accomplished: _____

1. How many callbacks have you made before you retrieved a questionnaire from the establishment?

(c) Minimum: _____

(d) Maximum: _____

2. How many visits have you made before you retrieved a questionnaire from the establishment?

(a) Minimum: _____

(b) Maximum: _____

3. Generally, how difficult/easy was it to retrieve the questionnaires?

(Encircle answer)

1 – Very Easy 2 – Easy 3 – Difficult 4 – Very Difficult

4. To what extent did the following factors contribute to the successful retrieval of questionnaires? *(Check only one for each factor)*

Factors	Very Great Extent	Great Extent	Moderate Extent	Less Extent	No Help
Operational Strategy from the Enumerators' Training					
Establishments' Cooperation					
Assistance of Supervisor					
Completeness of Data Reported					
Consistency of Entries					
Others, specify					

5. What were the common errors you have noted on the retrieved questionnaires during field editing?

	Error/s
<i>Survey 1: 2004 OWS</i>	

<i>Survey 2: 2007/2008 BITS</i>	

<i>Survey 3:</i>	

6. Comments and Suggestions:

Reviewed by Supervisor:
Signature:
Name:
Position:
Date:

THANK YOU VERY MUCH!!!